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Bib Data Sheet

CONFIRMATION NO. 3205

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/598,366 | <b>FILING OR 371(c)<br/>DATE</b><br>12/20/2006<br><b>RULE</b> | <b>CLASS</b><br>428 | <b>GROUP ART UNIT</b><br>1782 | <b>ATTORNEY<br/>DOCKET NO.</b><br>53000 PCT US |
|------------------------------------|---|---------------------|-------------------------------|--|

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US05/05695 02/23/2005

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

**\*\* 06/18/2008**

|  |                                   |                                |                              |                                    |
|--|-----------------------------------|--------------------------------|------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>NJ | <b>SHEETS<br/>DRAWING</b><br>0 | <b>TOTAL<br/>CLAIMS</b><br>9 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                   |                                |                              |                                    |
| Verified and<br>Acknowledged   | Examiner's Signature              | Initials                       |                              |                                    |

**ADDRESS**

45980

**TITLE**

CONDOM WITH WARMTH IMPARTING LUBRICANT

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>730 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
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